

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23422 (1)

1. Corporation Name

**SUNBURST PONTIAC DEALERS ADVERTISING ASSOCIATION
, INC.**



Principal Place of Business

Mailing Address

C/O GEORGE C. WERNER
1110 SOUTH TAMiami TRAIL
PUNTA GORDA FL 33950

C/O GEORGE C. WERNER
1110 SOUTH TAMiami TRAIL
PUNTA GORDA FL 33950

3. Date Incorporated or Qualified
10/30/1987

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0018029

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible taxes under s. 199.032,
Florida Statutes

☒ Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEVOE, MARK A.
2601 AIRPORT RD
NAPLES FL 33962**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D GALEANA, FRANK JR**
STREET ADDRESS **3621 SOUTH CLEVELAND AVE**
CITY - ST - ZIP **FORT MYERS FL**

TITLE ☐ DELETE

NAME **D DEVOE, MARK A.**
STREET ADDRESS **2601 AIRPORT RD**
CITY - ST - ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **D WERNER, GEORGE C.**
STREET ADDRESS **110 SOUTH TAMiami TRAIL**
CITY - ST - ZIP **PUNTA GORDA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark A. Devoe

MARK A DEVOE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

Day

941-774-313

Daytime Phone #

CR2E037 (12/95)